FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION (See instructions)					
								Office use only
	NAME OF COMMITTEE (i	n full)		(Check if name is changed)	Exar over	nple: If typying, type the lines	12FE4M	5
ئىا	GlaxoSmithI Jorp. PAC)	(line LLC	Political /	Action Committ	tee (fka	SmithKline Beech	am 	
Ш					ш			
ADDI	RESS (number ar	d street)	Five I	Moore Drive P.0	O. Box 1	3358 		
	(Check if addre	ss			ш			
	is changed)		Res.	Triangle Park	ш	шшш	NC	
					CITY		STATE▲	ZIP CODE ▲
COM	MITTEE'S E-M	AIL ADDR	ESS (Please	provide only one e-	mail addr	ess)		
	(Check if address is changed)	ss	cfs@	pass1.com				
	3 ,							
	MITTEE'S WE (Check if addre is changed)		DDRESS (UF		<u> </u>			
2.	DATE	1 / [10 / Y	2009				
3. FEC IDENTIFICATION NUMBER C C00199703								
4. I	S THIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)		
I certif	y that I have exa	mined this S	Statement and	to the best of my kno	wledge an	d belief it is true, correct a	and complete	
Туре	or Print Name	of Treasure	er D	avid Miller				
Signa	ature of Treasur	er El <u>ec</u>	tronically Filed	lby David Mill	er		Date 1	1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE	: Submission of	false, erron				ne person signing this Sta		enalties of 2 U.S.C. §437g.
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)